

## **ORTHOPEDIC IMPAIRMENT EARLY CHILDHOOD SPECIAL EDUCATION**

### **I. DEFINITION**

“Orthopedic impairment” means a severe orthopedic impairment that adversely affects a child’s developmental/educational performance. The term includes impairments caused by congenital anomaly (e.g., clubfoot, absence of some member, spina bifida, etc.), impairments caused by disease (e.g., poliomyelitis, bone tuberculosis, etc.), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures).

Physical characteristics may include paralysis, unsteady gait, poor muscle control, loss of limb, etc. Many times the impairment is so great as to impede the expressive language of the child. It is important to note that appropriate seating/positioning of a child is of primary consideration for effective screening, evaluation and instruction.

### **II. SCREENING INFORMATION**

Screening can be waived if current data [within the past six (6) months] are available, otherwise, it is required.

#### **A. Required**

1. Hearing
2. Vision
3. Formal measures of -
  - a. Development (May include the areas of cognition, motor, social/emotional, self-help)
  - b. Speech/language

#### **B. Recommended**

1. Informal measures, such as -
  - a. Checklists;
  - b. Inventories;
  - c. Rating scales;

- d. Interviews;
- e. Behavioral observations in home and/or other natural environments; and/or
- f. Access to and review of existing records and available information.

### III. REQUIRED EVALUATION DATA

**A. Social History** (Emphasis on developmental, family and health/medical history)

**B. Assessment**

1. Medical (Written statement from a physician establishing the type of orthopedic impairment)
2. Cognitive/Intellectual Abilities (One required)
3. Social/Emotional (One adaptive behavior assessment required)
4. Self-Help (May be included in the adaptive behavior, cognitive/intellectual and/or the programming assessments)
5. Communicative Abilities
  - a. Language (Both receptive and expressive areas must be assessed. Assessment must be comprehensive and must not be limited to one-word vocabulary tests.)
  - b. Articulation (When indicated)
  - c. Augmentative/Alternative Communication (When indicated)
6. Motor (One required)

The assessment of specific motor dysfunction is the responsibility of a licensed physical and/or occupational therapist. Assessment includes –

- a. Gross and fine motor development;
- b. Neuromuscular development;

- c. Sensory integration;
  - d. Daily living activities; and/or
  - e. Need for adaptive equipment.
7. Programming (One criterion or curriculum-based measure required)

#### **IV. EVALUATION DATA ANALYSIS**

Children ages 3 to 5 are considered to have an Orthopedic Impairment when they demonstrate a documented physical, motoric, or orthopedic impairment, disability or chronic medical condition which interferes with the acquisition of new knowledge or skills in areas of development. The qualified provider's motor evaluation report must document how this impairment adversely affects the child's areas of development. A child's cognitive functioning level must be considered when determining the significance of motor delay. Orthopedically impaired children may manifest functional impairments in body balance, ambulation, and limb/hand utilization. The severity of these functional limitations must be such that the child needs special education.